Mr Shaun Drummond
Director
System Relationships and Frameworks Branch
NSW Ministry of Health
Locked Mail Bag 961
North Sydney NSW 2059

Dear Mr Drummond

I refer to advice that Ambulance is required to provide a final report on the Authorised Care Initiative "Respecting Patient's Wishes", to the System Relationships and Frameworks Branch formerly being provided to the Ministerial Taskforce on Emergency Care (MTEC) in relation to funding received under the *Taking the Pressure off Public Hospitals* initiative.

A summary of progress as outlined in the final report is attached.

If you require any further information please contact Michelle Shiel A/Project Director, Advanced Care on 9779 3809 or via email mshiel@ambulance.nsw.gov.au.

Yours sincerely

1/11/12

Mike Willis
A/Chief Executive

Ministerial Taskforce on Emergency Care 2011/12 Project Grants

Project Final Report

Project name: Authorised Care Program "Respecting Patient Wishes"

Hospital/Health Service/Local Health District: Ambulance Service NSW

1. Overview of the project

Please provide a concise overview of the project you have undertaken with the funding. This may be the only document that is read about this project so do not make assumptions that your audience has any background information.

The purpose of the Authorised Care program is to strengthen systems to support paramedic decision making in meeting the needs of individual patients with specific medical conditions, as well as respecting patient wishes when an ambulance responds to where an authorised care plan is in place. The strategies to achieve this were:

- Develop effective tools for patients, clinicians, carers and paramedics to utilise.
- Implement the expansion of Paediatric Palliative Care Plans across the Children's Health Network.
- Assess the applicability of establishing an authorised palliative care plan for adult patients under the care of their treating clinician by conducting proof of concept of utilising palliative care plans within two selected sites
    1. Residents residing in a Residential Aged Care Facility (RACF)
    2. Community based patients registered with the Amaranth Foundation
- Develop a methodology for engaging with Local Health Districts (LHD) and the Medicare Locals (formerly Division of General Practices) that can be used when the project is implemented in a new area.
- Develop a state-wide roll out plan based on outcomes and evaluations from proof of concept sites.

2. Objectives of the project

Please state the objectives of the project you set out to achieve, was there any change to this during the project?

To reduce the number of avoidable transports to the Emergency Department for appropriate patients with specific medical conditions that require pre-authorised medications or procedures not included in the Ambulance Protocols and Pharmacology.

To improve the patient's experience by providing tailored care and a better understanding of End of Life issues for palliative patients.

To develop a system for the effective management of patients who require specific treatment and management.

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3. Scope of the project

What was in and out of scope for this project? Did you stay within your original scope? Why/why not?

In scope

- Patients with endorsed paediatric palliative care plans and general authorised care plans.
- Endorsed adult palliative care plans for patients within the proof of concept sites.
- Patients with specific medical conditions requiring pre-authorised medications or procedures outside of Ambulance practice.
- Development of a standardised framework for paramedics regarding care consistent with the treating clinician and patient wishes.
- Consideration to patient, family, carer or paramedic perceptions and ethical concerns which could impact the actioning of the Care Plans in the operational environment.
- Patients who choose to remain at home for their care or those who reside in a RACF within the proof of concept sites.
- Review the possibility of additional conditions who are able to be included with the use of Care Plans.
- Consideration of specific roles for Extended Care Paramedics (ECP) and Single Responders for the management and care of these patients.

Out of scope

Completion of the State-wide roll out of the Adult Palliative Authorised Care Plan is not incorporated in this phase.

4. Methodology used in the project

Clinical Practice Improvement methodology.

Plan:

- To develop effective tools for patients, clinicians, carers and paramedics to utilise, by the development of an Authorised Care Plan for use by Palliative and General use.
- Plan the expansion of Paediatric Palliative Care Plans across the Children's Health Network.
- Assess the applicability of establishing an authorised palliative care plan for adult patients under the care of their treating clinician by conducting proof of concept of utilising palliative care plans within two selected sites
  - Residents residing in a Residential Aged Care Facility (RACF),
  - Community based patients registered with the Amaranth Foundation.

Do:

- Prepare information for communication for stakeholders
- Liaise with stakeholders and seek feedback on proposed documentation
- Create a working party to review risks and issues regarding operational / administrative and Control Divisions concerns.
- Implement the authorised palliative care plan for adult patients under the care of their treating clinician at the identified proof of concept sites
  - Residents residing in a Residential Aged Care Facility (RACF),
  - Community based patients registered with the Amaranth Foundation.

Study:

- Review and analyse the roll out at the proof of concept sites.
- Review information communicated to paramedics and stakeholders within the proof of concept sites.
- Review and evaluate number of registered plans.

Act :

- Consideration for a state wide roll out
- The preparation of a communication strategy In conjunction with the state wide roll out
- Ongoing monitoring and evaluation of the Ambulance Authorised Care Plans.

5. Measures of success of the project

This should include analysis of data to demonstrate that objectives were met and impact of the implementation of the project. This should also include a narrative on other qualitative and quantitative measures which demonstrate the impact of the project. What was your communication strategy and how effective was that? What has been put in place to ensure sustainability of the project?

Objectives
1. A reduction in the number of enrolled patients being transported to the Emergency Department.
2. Increasing patient enrolment in the Project.
3. To improve the patient's experience by providing tailored care and a better understanding of End of Life issues for palliative patients.
4. To develop a system for the effective management of patients who require specific clinical treatment and management

Communication strategies employed to maximise effectiveness and impact were:
- Verbal and Face to Face delivery
- Written delivery
- Paramedic Information Toolkit

Deliverables	Narrative
Developing a sustainable strategy for receipt and endorsement of plans	The development of a sustainable strategy for receipt and endorsement of plans within the Clinical Governance Unit of Ambulance
Develop Communication Tools	Creation of the Authorised Care Paramedics Information Kit. Use of various ambulance media tools (intranet, sirens) Information provided to community via internet and publication titled "Ambulance Online"
The development of systems and processes for the storage and accessing of endorsed ambulance authorised care plans.	Creation of a physical and electronic storage system within Ambulance. Ability for Ambulance Control Centres to access the endorsed plans electronically.
Develop and maintain a Risk Management Plan	Creation of a risk identification grid. Creation of an Authorised Care Working Party to discuss and solve operational and administrative issues. Monthly governance reporting to the Senior Leadership Team within Ambulance.
Develop a Communication Plan	The use of various internal Ambulance education and media tools to provide a continuous update and progress of the program. Meetings and presentations conducted with Palliative Care and additional groups (Addisons) to promote and inform.
Collaborate with the stakeholders relevant to the program, this includes GPs, treating clinicians, staff and family at the proof of concept sites, the State Coroner's Office	Liaised with and regularly consulted GP's nominated by Medicare Divisions, Palliative Care groups, LHD's, RACF and the State Coroner's Office to develop and improve current documentation being used.
Develop and Implement Roll Out Plan for proof of concept sites	Development and implementation of roll out plan at Proof of Concept sites
Develop Control Centre process procedures	Development of procedures for Call Takers, Dispatchers and Supervisors within the Control Divisions
Expand the program to include paediatric palliative care patients under the care of NSW Children's Health Network (CHN)	Paediatric Palliative Care Plans now rolled out within the Children's Health Network (John Hunter, Sydney Children's and Westmead Children's Hospitals)
Identification of additional conditions that are able to be included with the use of Care Plans	Discussions with stakeholders indicated that the Palliative Care Plans could be utilised with the following groups: Dementia, Respiratory, Mental Health and Frequent Callers.
Determine outcomes for the state-wide roll out – projection of amount of demand once rolled out	The Roll Out to the Proof of Concept sites reviewed in conjunction of information and understanding of the management of ambulance authorised care plans by paramedics and stakeholders within the area.

Data

Type of Plan	Number of Patients Enrolled with Plans	Number of Responses to Addresses Registered with Plans	Number of Reduced Emergency Department Presentations
Authorised Care Plans	152	52	34
Paediatric Palliative Care Plans	22	9	3
Adult Palliative Care Plans	1	1	1

- The majority of plans registered under "Authorised Care Plans" are for patients with adrenal insufficiencies and have a recommendation to transport post administration of Hydrocortisone.
- The data indicates that even though Plans have been created, there are times where a crisis of confidence from carers and family counteract the intention of the plan.
- Early indications from the Paediatric Palliative Care plans indicate a trend towards non transports to emergency departments and Ambulance would expect the number of Adult Palliative Care plans to increase and follow a similar trend.

6. Discussion

Was the project successful, why or why not? What are the generic principles of this model of care or new way of operating that would be transferrable to other hospitals/health services? What were the lessons learnt during this project? What would you do differently next time and why?

The project was successful viewed in context of the individual strategies being developed and implemented, and has been set up in a manner to complement health service delivery for specific patient groups by a state-wide ambulance service to be delivered by a state-wide paramedic workforce.

7. Conclusion

Where to from here? Please include details of the generic documents/project implementation guides you have developed for state-wide use.

- Develop state wide roll out plan
- Develop state wide communication
- Implement State wide roll out of Adult Palliative Care Plans

Plans have been attached for reference:
1) Authorised Care Plans
2) Paediatric Palliative Authorised Care Plans
3) Adult Palliative Authorised Care Plans